

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD FOR OBTAINING A MARK ON A LOW SURFACE ENERGY OPHTHALMIC LENS
Attorney Docket Number::	0579-1090
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DOMINIQUE  
Middle Name::  
Family Name:: CONTE  
Name Suffix::  
City of Residence:: SAINT-DIZIER  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 99, RUE DES CLEFMONTS  
Address::  
City of Mailing Address:: SAINT-DIZIER  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-52100

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: GERHARD  
Middle Name::  
Family Name:: KELLER  
Name Suffix::  
City of Residence:: ST MAUR DES FOSSES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 37 BIS, AVENUE MISS CAVELL  
Address::  
City of Mailing Address:: ST MAUR DES FOSSES

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-94100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: GERARD

Middle Name::

Family Name:: WILLEMIN

Name Suffix::

City of Residence:: CHAMPIGNY SUR MARNE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 5, RUE ETIENNE BRULE

Address::

City of Mailing Address:: CHAMPIGNY SUR MARNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-94500

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/03334	11/7/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/14356	11/15/02	Yes

**Assignment Information**

Assignee Name:: ESSILOR INTERNATIONAL  
(COMPAGNIE GENERALE D'OPTIQUE)

Street of Mailing 147, RUE DE PARIS

Address::

City of Mailing Address:: CHARENTON LE PONT

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 94220